

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35280**

FILED NOV 1 1957

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4157		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg		c. LENGTH OF STAY (in this place) 12 Yrs.		c. CITY OR TOWN Pattonsburg		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION --				e. STREET ADDRESS (If rural, give location) --			
3. NAME OF DECEASED (Type or Print) Minnie Savage Koger				4. DATE OF DEATH (Month) (Day) (Year) October 22, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 3, 1867	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Daviess County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Savage		13b. MOTHER'S MAIDEN NAME Mary Ann Brussman		14. NAME OF HUSBAND OR WIFE David B. Koger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Eunice Lowell Koger, Pattonsburg, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease ANTECEDENT CAUSES DUE TO (b) Cardiac Enlargement DUE TO (c) Edema lungs & legs 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 3 yrs 2 yrs 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1957 , to Oct 22, 1957 , that I last saw the deceased alive on Oct 24, 1957 , and that death occurred at 11:15 A. from the causes and on the date stated above.							
23a. SIGNATURE H Bailey DD (Degree or title) 2				23b. ADDRESS Pattonsburg, Mo		23c. DATE SIGNED 10-24-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE October 24, 1957		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.	
DATE REC'D BY LOCAL REG. 10-30-57		REGISTRAR'S SIGNATURE Virginia M. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE James J. Quest ADDRESS Pattonsburg, Mo.			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

81-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Louis Luest

Licensed Embalmer No. *4096*

P. O. Address *Patterson, Ky*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.